

# ACKNOWLEDGMENT OF PROBATIONARY STATUS

I, \_\_\_\_\_ understand that  
(Name)

I will serve a probationary period of one year upon my appointment to

\_\_\_\_\_  
(Title and Grade)

I fully understand the probationary status and requirements of this position and that failure to complete satisfactorily the probationary period will result in my being returned to a non-supervisory, non-managerial position within the same appointing office at no lower grade or pay than that held immediately before accepting the probationary position.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date Signed)